

# Best Available Copy

POSITION	ID NO.	DATE
CLASSIFIER	21	9/9/93
EXAMINER	333	9-15-93
TYPIST	334	9/15
VERIFIER	238/917/357/9-21	
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	Original
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Claim	Date
Final	Original
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SYMBOLS

✓ ..... Rejected

= ..... Allowed

(Through numeral) ..... Canceled

N ..... Restricted

..... Non-elected

I ..... Interference

A ..... Appeal

O ..... Objected